EXHIBIT 1A

JPMorgan Chase Bank, N.A.
Custodian

TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

I.   Participant Information

Participant Name (First)	(Middle Initial)	(Last)		
Rose	Ann	Chasman		
Street Address		City	State	Zip Code
2604 W. Jarvis		Chicago	IL	60645
Social Security Number	Date of Birth	Date of Death	Residency Status	
▮	▮1938	08/24/2007	☒ US Citizen ☐ Resident Alien ☐ Non-Resident Alien	

Plan Type   ☒ Traditional IRA   ☐ Traditional Rollover IRA (Conduit)   ☐ SEP   ☐ SARSEP

Request Type   ☒ New request   ☐ Change of existing instruction

II.   Beneficiary Information

Beneficiary Name (First)	(Middle Initial)	(Last)		
David		Chasman		
Street Address		City	State	Zip Code
535 W. 110th #3A		New York	NY	10025
Social Security/Taxpayer ID Number	Date of Birth, if applicable	Daytime Phone Number	Residency Status	
▮	▮1964	917-238-7500	☒ US Citizen ☐ Resident Alien ☐ Non-Resident Alien	

Type of Beneficiary: ☒ Individual   ☐ Estate   ☐ Trust   ☐ Charity   ☐ Other _____

Name of Executor, Trustee, Charity Representative, if applicable

III.   Election of Payment (Election options are based on the separate accounting rules. Consult your tax advisor.)

Elections Available to All Beneficiaries	I elect to: ☐ Receive an immediate total distribution in one lump sum. ☐ Receive an immediate partial distribution of $_____ with the balance to be distributed as selected below.

Sole Beneficiary Is the Spouse	The participant died **before** their Required Beginning Date* and I elect to:
	☐ Receive distributions beginning no later than December 31 of the calendar year in which the participant would have reached age 70 ½ or December 31 of the calendar year after the year of the participant's death (check one):
	    ☐ Over my single life expectancy
	    ☐ Over _____ years (not to exceed my single life expectancy)
	☐ Assume the deceased participant's plan as my own.
	
	The participant died **on or after** their Required Beginning Date* and I elect to:
	☐ Receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):
	    ☐ Over my single life expectancy
	    ☐ Over _____ years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)
	☐ Assume the deceased participant's plan as my own. I understand that the decedent's required minimum distribution must be withdrawn prior to assuming the IRA. I authorize the payment of any remaining required minimum distribution amount to me.

Distribution: 1 Copy - Retirement Services FL2-3319
1 Copy - Participant

Non-spouse Individual Beneficiary(ies) or Spouse Who Is Not the Sole Beneficiary	The participant died **before** their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one): ☒ Over my single life expectancy ☐ Over _____ years (not to exceed my single life expectancy) The participant died **on or after** their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one): ☐ Over my single life expectancy ☐ Over _____ years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)
Beneficiary is Estate, Trust, or Charity (additional documentation is required)	☐ The participant died **before** their Required Beginning Date* and I elect to receive distributions over _____ years (not to exceed five years which ends on December 31 of the calendar year which contains the fifth anniversary of the participant's death). ☐ The participant died **on or after** their Required Beginning Date* and I elect to receive distributions over _____ years (not to exceed the remaining single life expectancy of the deceased particpant). ☐ I elect to receive periodic distributions according to the rules applicable to a Trust with one or more designated beneficiaries.

* Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70½.

Rose Ann Chasman

IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

Please note the following if you are requesting payment to be sent outside the United States:
- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at www.irs.ustreas.gov.

Regarding **Federal** income tax withholding, I elect to have (check one):
☒ No Federal income tax withheld from my distributions.
☐ _____ % withheld (must be 10% or greater)
☐ $_____ withheld (amount must be 10% or more of the distribution amount)

Regarding **State** income tax withholding, I understand the withholding requirements for my state of residence and hereby elect to have (check one):
☐ No State income tax withheld from my distributions or I certify that I am not subject to State tax withholding.
☐ _____ % withheld
☐ $_____ (amount) withheld
☐ _____ % of federal withholding amount withheld

I further understand that certain states require withholding of either 1) a specific **minimum** percent of my distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

Traditional IRA Election of Payment by Beneficiary
(Continued)

Rose Ann Chasman

V. Payment Instructions

A. Instructions Regarding Non-FDIC Investments
(Complete this section only if non-FDIC investments must be used to fund this withdrawal.)

☐ If the plan holds brokerage assets, I hereby direct that the asset(s) listed below be liquidated and distributed.

☐ If the plan holds brokerage assets, I hereby direct that my share of the asset(s) listed below be journaled from the Decedent's IRA to my Beneficiary IRA.

Brokerage Account Number	Position Description or CUSIP #	# of Shares	All Shares
			☐
			☐
			☐
			☐

Attach additional sheet if necessary.

B. Instructions Regarding Retirement CDs and Money Market Accounts
1. Payments are to be made: ☐ Monthly ☐ Quarterly ☐ Semiannually ☒ Annually
2. Begin payments on ___01/01/2049___.
3. Payments are to be (check one and complete requested information):
   ☐ Deposited to my Chase ☐ checking or ☐ savings account #_____.
   ☐ Paid by check to me at the address listed above
   ☐ Deposited to my ☐ checking or ☐ savings account #_____ at

_____   _____
Financial Institution's Name   Institution's Routing Transit Number

_____   _____
Mailing Address   City, State Zip
(A voided check or savings account form is required.)

VI. Beneficiary Acknowledgement

The Custodian is authorized and directed to distribute from my share of the deceased's IRA in the manner requested above. I have received, read and agree to the terms that govern my share as contained in the IRA Custodial Agreement and Disclosure Statement and *Account Rules and Regulations*. I acknowledge that there may be fees associated with the liquidation of certain investments including early withdrawal penalties. I understand that I am responsible for ensuring that there are sufficient funds for these distributions. **I understand that these distributions can have important tax consequences and that these distributions, and any tax withholding if applicable, will be reported to the IRS on Form 1099-R.** I understand that I should consult a legal, accounting or tax advisor for questions. I assume full responsibility for the consequences of this election and the resulting distributions. I certify that no tax or legal advice has been given to me by the Custodian. All decisions regarding this election are my own and I hold the Custodian harmless of any resulting liabilities.

X_____   8/11/2009
Signature of Beneficiary/Guardian   Date

X__Jason Nethersole__   8/11/09
Accepted by JPMorgan Chase Bank, N.A. (Custodian)   Date

Notary (required if not completed in branch)
State of _Florida_
County of _Broward_
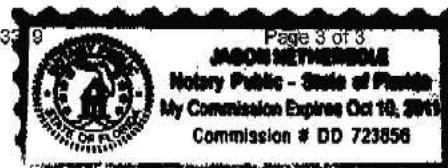Subscribed and sworn to me 8/11/09
_____
Notary Signature

REQUIRED BRANCH/DEPARTMENT INFORMATION

Bank No. FL7 - 1777	Mail Code FL7 - 0185	Cost Center No. 17-17	Date 08/11/09
Employee Name Jason Nethersole	Employee No.	Telephone No. 954 524 4457	

N15199 (12/2006)   Distribution: 1 Copy - Retirement Services FL2-33 9
1 Copy - Participant

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JASON NETHERSOLE
Notary Public - State of Florida
My Commission Expires Oct 19, 2011
Commission # DD 723856

David Chasman
535 W. 110th #3A
New York, NY 10025
+1 917 238-7500
david.chasman@gmail.com
August 11, 2009

JP Morgan Chase Bank N.A.

Subject : Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir :

I have other IRA beneficiary accounts from my mother, Rose Ann Chasman, deceased,
that will be used to satisfy the RMD (required minimum distribution). It is for this
reason that I have indicated a beginning distribution date of 2049 – which I will modify
when necessary to satisfy RMD requirement.   I have discussed this with Lexi Valdez
SID : I065626 – if you have any further questions about this please contact her. If you
have any further questions for me, please call me.

                              Thank You.

                              David Chasman